Glenn: Last year, PHIN partners had an open conversation where the following thoughts were voiced.

Kim: NCPHI needs to take the end user into consideration when developing a product. This can be accomplished by including the end-user in the development process.

Mark: PHIN needs to become bi-directional in terms of information-sharing.

Rebecca: NCPHI should continue its open relationship with partners, but engage all of CDC. Partners feel there is a lack of coordination and collaboration between NCPHI and other CDC Centers and that often the Centers are trying to achieve the same goals, however "the right hand doesn't know what the left hand is doing".

Christie: Building relationships is a cornerstone of informatics.

Glenn: We were listening. Now, PHIN is taking a new approach to Public Health Informatics…

Glenn: The PHIN Communities of Practice

Glenn: The PHIN Communities of Practice Council will convene to help set strategy, identify priorities, and make decisions regarding the PHIN Communities of Practice. Composed of representatives from each PHIN Community of Practice, the Council will work to identify collaboration opportunities among communities, set priorities, suggest improvements where appropriate, and convey the Community's concerns, suggestions, and questions to the Council.

30 **Kim**: The term "Community of Practice" is a relatively new term, even though the
31 phenomenon it refers to is age-old. The CoP concept provides a useful perspective
32 on knowledge-sharing and learning and a growing number of people and
33 organizations in various sectors are now focusing on communities of practice.
34
35 Communities of Practice are groups of people who share a concern or a passion for
36 something they do, and learn how to do it better as they interact regularly.
37
38 A Community of Practice has three crucial characteristics:
39 Domain
40 Community
41 Practice
42 *The Domain:* A Community of Practice is not merely a club of friends or a
43 network of connections between people. It has an identity defined by a shared
44 domain of interest. Membership implies a commitment to the domain, and
45 therefore a shared competence that distinguishes members from non-members.
46
47 *The Community:* In pursuing interests in a domain, members engage in joint
48 activities and discussions, share information, and build relationships that enable
49 them to learn from one another. A website in itself is not a community of practice.
50 Having the same job or the same title does not make for a community of practice
51 unless members interact and learn together. The Impressionists, for instance, met
52 in cafes and studios to discuss a particular style of painting. These interactions
53 were essential in creating a community of practice even though they often painted
54 alone.
55
56 *The Practice:* A Community of Practice is not merely a community of interest;
57 members of a community of practice are practitioners who develop a shared
58 repertoire of resources over a period of time and through sustained interaction.
59 It is the combination of these three elements--Domain, Community and Practice--
60 that constitutes a community of practice. It is by developing these three elements
61 in parallel that one cultivates such a community.
62
63

64 **Mark**: A Community of Practice can provide a domain of knowledge that is more
65 stable and enduring than any individual project, task or challenge. Communities of
66 practice are neutral zones - separate from the pressures of everyday work. They are
67 a place where members can offer advice on a project without any risk of becoming
68 embroiled in it, where members can read advice and choose to ignore it without
69 causing offence. It is a place to think, reflect, learn and generate ideas. For
70 individuals who may not know which team they will join next, a community of
71 like-minded professionals can act as an anchor. It is an identifiable space where
72 they can connect with other practitioners, refresh their thinking and continue their
73 professional development.
74
75 Individuals find they have help with new or unfamiliar challenges, access to
76 expertise, and the reassurance that comes from finding that others have wrestled
77 with the same or similar problems. They also find they have a new and meaningful
78 way to participate, as well as a sense of belonging to a field of growing expertise.
79 In the long term they have a forum in which they can develop their skills and
80 knowledge, benefit from others' experience, network to stay abreast of new ideas
81 and enhance their own professional reputation.
82
83 Organizations that create or join a Community of Practice have a new arena for
84 solving issues and gain access to a much wider range of perspectives on those
85 issues. They also have a quick source of answers to questions, all of which reduce
86 time and costs and improve the quality of decisions made. In the longer term, they
87 increase their ability to build and retain talent and find they have newfound
88 capacity for starting or participating in knowledge-development projects. They
89 have a means to benchmark how their own processes and skill-base compares with
90 others and are able to tap into new capabilities and ensure they stay at the forefront
91 of relevant developments.
92
93 Communities of Practice benefit public health by supporting and promoting key
94 national initiatives, linking geographically dispersed practitioners, increasing
95 government efficiency and allowing for the promotion of standards.
96
97 **Rebecca**: Communities of Practice leverage the processes of social learning and
98 shared practices that emerge and evolve when people with a common goal interact
99 and strive to achieve their goals together. CoPs are working to bring the PHIN
100 community together and strengthen this alliance as members collaborate, share,
101 and focus on issues prioritized by the community.
102

103 **Christie**: The PHIN CoP Structure contains several related groups including the
104 PHIN Community, the PHIN Communities of Practice, and the Community of
105 Practice Program.
106
107 All current PHIN members are part of the PHIN Community—as shown in the
108 blue circle. Community members gather into a number of communities of
109 practice—as shown in the white circles—and focus on various functional and
110 technical aspects of PHIN, such as electronic laboratory reporting or outbreak
111 management. These communities are supported by the Communities of Practice
112 Program located within the Centers for Disease Control and Prevention / National
113 Center for Public Health Informatics and provides the leadership and resources
114 needed to support the PHIN Community and Communities of Practice.
115
116 **Kim**: In accordance with PHIN's commitment to accountability and scientific
117 excellence, the PHIN Communities of Practice will use evaluations to determine if
118 the implementation of PHIN and its initiatives are improved by the use of
119 Communities of Practice. The evaluation framework will employ a mixed method
120 approach examining both quantitative and qualitative data guided by a Theory of
121 Change Methodology. The Theory of Change Methodology analyzes desired or
122 expected outcomes based in theory, and compares them to real outcomes. The
123 evaluation framework analyzes change over time by studying time-phased
124 measurements.
125
126
127 **Glenn**: You asked for a more transparent, collaborative PHIN that communicates
128 in all directions.
129 You asked for a chance to provide input to PHIN projects at all stages of
130 development.
131 You asked that relationships be valued as a cornerstone of public health
132 informatics.
133
134 You spoke.
135 We listened.
136 PHIN Communities of Practice.